# LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:	NAIC Company Code:
Contact:	Telephone:
DECLIDED EILINGS IN THE STATE OF.	Filings Made During the Veer 2023

FRATERNAL COMPANIES BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019.

1 1 1 2 3 3 1 1 1 1 1 1 1 2 2 2 2 2 2 2	1 1.1 2 3 11 12 13 14 15 16 17 18 19 20	I. NAIC FINANCIAL STATEMENTS  Annual Statement (8 ½"x14")  Printed Investment Schedule detail (Pages E01-E29)  Quarterly Financial Statement (8 ½" x 14")  Separate Accounts Annual Statement (8 ½" x 14")  II. NAIC SUPPLEMENTS  Accident & Health Policy Experience Exhibit  Credit Insurance Experience Exhibit  Health Care Receivables Supplement  Life, Health & Annuity Guaranty Association  Assessable Premium Exhibit, Parts 1 and 2  Long-term Care Experience Reporting Forms  Management Discussion & Analysis  Medicare Supplement Insurance Experience Exhibit	EO E	EO EO EO EO EO EO EO	Foreign State  XXX XXX XXX XXX XXX XXX XXX	3/1 3/1 3/1 5/15, 8/15, 11/15 3/1 4/1 4/1 3/1	NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	B, F, G B B, G B B
1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2	1 1.1 2 3 11 12 13 14 15 16 17 18	I. NAIC FINANCIAL STATEMENTS  Annual Statement (8 ½"x14")  Printed Investment Schedule detail (Pages E01-E29)  Quarterly Financial Statement (8 ½" x 14")  Separate Accounts Annual Statement (8 ½"x14")  II. NAIC SUPPLEMENTS  Accident & Health Policy Experience Exhibit  Credit Insurance Experience Exhibit  Health Care Receivables Supplement  Life, Health & Annuity Guaranty Association  Assessable Premium Exhibit, Parts 1 and 2  Long-term Care Experience Reporting Forms  Management Discussion & Analysis  Medicare Supplement Insurance Experience Exhibit	EO EO EO EO EO EO	EO EO EO EO EO	State  XXX  XXX  XXX  XXX  XXX  XXX	3/1 3/1 5/15, 8/15, 11/15 3/1 4/1 4/1	NAIC NAIC NAIC NAIC	B, F, G B B, G B
1 2 3 3 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.1 2 3 3 11 12 13 14 15 16 17 18	Annual Statement (8 ½"x14")  Printed Investment Schedule detail (Pages E01-E29)  Quarterly Financial Statement (8 ½" x 14")  Separate Accounts Annual Statement (8 ½"x14")  II. NAIC SUPPLEMENTS  Accident & Health Policy Experience Exhibit  Credit Insurance Experience Exhibit  Health Care Receivables Supplement  Life, Health & Annuity Guaranty Association  Assessable Premium Exhibit, Parts 1 and 2  Long-term Care Experience Reporting Forms  Management Discussion & Analysis  Medicare Supplement Insurance Experience Exhibit	EO EO EO EO EO	EO EO EO EO EO	XXX XXX XXX XXX	3/1 5/15, 8/15, 11/15 3/1 4/1 4/1	NAIC NAIC NAIC	B B, G B
1 2 3 3 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.1 2 3 3 11 12 13 14 15 16 17 18	Annual Statement (8 ½"x14")  Printed Investment Schedule detail (Pages E01-E29)  Quarterly Financial Statement (8 ½" x 14")  Separate Accounts Annual Statement (8 ½"x14")  II. NAIC SUPPLEMENTS  Accident & Health Policy Experience Exhibit  Credit Insurance Experience Exhibit  Health Care Receivables Supplement  Life, Health & Annuity Guaranty Association  Assessable Premium Exhibit, Parts 1 and 2  Long-term Care Experience Reporting Forms  Management Discussion & Analysis  Medicare Supplement Insurance Experience Exhibit	EO EO EO EO EO	EO EO EO EO EO	XXX XXX XXX	3/1 5/15, 8/15, 11/15 3/1 4/1 4/1	NAIC NAIC NAIC	B B, G B
2 3 3 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2	2 3 11 12 13 14 15 16 17 18	Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Separate Accounts Annual Statement (8 ½"x14")  II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Credit Insurance Experience Exhibit Health Care Receivables Supplement Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long-term Care Experience Reporting Forms Management Discussion & Analysis Medicare Supplement Insurance Experience Exhibit	EO EO EO EO EO	EO EO EO EO EO	XXX XXX XXX	3/1 5/15, 8/15, 11/15 3/1 4/1 4/1	NAIC NAIC	B B, G B
2 3 3 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2	2 3 11 12 13 14 15 16 17 18	Quarterly Financial Statement (8 ½'' x 14")  Separate Accounts Annual Statement (8 ½''x14")  II. NAIC SUPPLEMENTS  Accident & Health Policy Experience Exhibit  Credit Insurance Experience Exhibit  Health Care Receivables Supplement  Life, Health & Annuity Guaranty Association  Assessable Premium Exhibit, Parts 1 and 2  Long-term Care Experience Reporting Forms  Management Discussion & Analysis  Medicare Supplement Insurance Experience Exhibit	EO EO EO EO EO	EO EO EO EO	xxx xxx xxx	5/15, 8/15, 11/15 3/1 4/1 4/1	NAIC NAIC	B, G B
3 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2	3 11 12 13 14 15 16 17 18	II. NAIC SUPPLEMENTS  Accident & Health Policy Experience Exhibit  Credit Insurance Experience Exhibit  Health Care Receivables Supplement  Life, Health & Annuity Guaranty Association  Assessable Premium Exhibit, Parts 1 and 2  Long-term Care Experience Reporting Forms  Management Discussion & Analysis  Medicare Supplement Insurance Experience Exhibit	EO EO EO EO EO EO	EO EO EO	xxx xxx xxx	3/1 4/1 4/1	NAIC NAIC	В
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1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2	12 13 14 15 16 17 18	Accident & Health Policy Experience Exhibit Credit Insurance Experience Exhibit Health Care Receivables Supplement Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long-term Care Experience Reporting Forms Management Discussion & Analysis Medicare Supplement Insurance Experience Exhibit	EO EO EO	EO EO	XXX	4/1		
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1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2	12 13 14 15 16 17 18	Credit Insurance Experience Exhibit Health Care Receivables Supplement Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long-term Care Experience Reporting Forms Management Discussion & Analysis Medicare Supplement Insurance Experience Exhibit	EO EO EO	EO EO	XXX	4/1		
1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2	13 14 15 16 17 18	Health Care Receivables Supplement Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long-term Care Experience Reporting Forms Management Discussion & Analysis Medicare Supplement Insurance Experience Exhibit	EO EO	EO		· ·	MAIC	ע
1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	14 15 16 17 18	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long-term Care Experience Reporting Forms Management Discussion & Analysis Medicare Supplement Insurance Experience Exhibit	EO EO		ΛΛΛ		ı	В
1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15 16 17 18	Assessable Premium Exhibit, Parts 1 and 2 Long-term Care Experience Reporting Forms Management Discussion & Analysis Medicare Supplement Insurance Experience Exhibit	EO	EU				
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1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	16 17 18	Management Discussion & Analysis  Medicare Supplement Insurance Experience Exhibit		EO	XXX	4/1	NAIC	В
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	17 18 19	Medicare Supplement Insurance Experience Exhibit		EO	ллл	4/1	Company	В
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18 19		EO	EO	XXX	3/1	NAIC	В
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19						IVAIC	
2 2 2 2 2 2 2 2 2 2		Medicare Part D Coverage Supplement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	В
2 2 2 2 2 2 2 2	20	Risk-Based Capital Report	EO	EO	XXX	3/1	NAIC	B, G, H
2 2 2 2 2 2 2	20	Schedule SIS	EO	N/A	N/A	3/1	NAIC	В
2 2 2 2 2 2	21	Supplemental Compensation Exhibit	EO	N/A	1	3/1	NAIC	E, F, M, 0
2 2 2 2 2	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	EO	EO	XXX	4/1	NAIC	В
2 2 2 2 2	23	Supplemental Health Care Exhibit's Allocation Report	EO	EO	XXX	4/1	NAIC	В
2 2 2	24	Supplemental Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	В
2	25	Supplemental Schedule O	EO	EO	XXX	3/1	NAIC	В
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	EO	EO	XXX	4/1	NAIC	B, Z
1 2	27	Trusteed Surplus Statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	В
	28	Variable Annuities Supplement	EO	EO	XXX	4/1	NAIC	В
	29	VM 20 Reserves Supplement	EO	EO	XXX	3/1	NAIC	В
	30	Workers' Compensation Carve-Out Supplement	EO	EO	XXX	3/1	NAIC	В
	50	workers compensation carve-out supplement	LO	LO	ллл	3/1	TVAIC	
		Actuarial Related Items					<u> </u>	
3	31	Actuarial Certification regarding use 2001 Preferred	EO	EO	XXX	3/1	Company	В
	32	Class Table Actuarial Certification Related Annuity Nonforfeiture	0	EO	0	3/1	Commony	P
		Ongoing Compliance for Equity Indexed Annuities			U		Company	
3	33	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	EO	N/A	XXX	4/30	Company	В
3	34	Actuarial Opinion	EO	EO	XXX	3/1	Company	В
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	EO	EO	xxx	3/1	Company	В
3	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	EO	EO	0	3/1	Company	B, Q
3	37	Actuarial Opinion on X-Factors	EO	EO	XXX	3/1	Company	В
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	0	EO	XXX	3/1	Company	T
3	39	Request for Life PBR Exemption (if applicable)	0	E/O	XXX	Commissioner 7/1 NAIC 8/15	Company	DD
Δ	40	Executive Summary of the PBR Actuarial Report	EO	N/A	XXX	4/1	Company	B, HH
	41	Life Summary of the PBR Actuarial Report	EO	N/A	XXX	4/1	Company	B, HH
	42	Variable Annuities Summary of the PBR Actuarial	EO	N/A		4/1	Company	B, HH
		Report			XXX	4/ 1	1 ,	
	43	PBR Actuarial Report (provide upon request)	EO	N/A	XXX		Company	B, HH
4	44	RAAIS required by Valuation Manual	EO	N/A	XXX	4/1	Company	B, G, Y
4	45	Reasonableness & Consistency of Assumptions	EO	EO	XXX	3/1,5/15, 8/15,	Company	В

(1)	(2)	(3)		(4)		(5)	(6)	(7)
		NUMBER OF COPIES*				FORM	APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome State	NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	XXX	3/1,5/15, 8/15, 11/15	Company	В
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	ЕО	ЕО	xxx	3/1,5/15, 8/15, 11/15	Company	В
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	ЕО	ЕО	xxx	3/1,5/15, 8/15, 11/15	Company	В
	49	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	ЕО	ЕО	xxx	3/1,5/15, 8/15, 11/15	Company	В
	50	RBC Certification required under C-3 Phase I	EO	EO	XXX	3/1	Company	В
	51	RBC Certification required under C-3 Phase II	EO	EO	XXX	3/1	Company	В
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	EO	EO	xxx	3/1	Company	В
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	EO	EO	XXX	3/1	Company	В
		III. ELECTRONIC FILING REQUIREMENTS			AXX			
	61	Annual Statement Electronic Filing	EO	EO	XXX	3/1	NAIC	В
	62	March .PDF Filing	EO	EO	XXX	3/1	NAIC	В
	63	Risk-Based Capital Electronic Filing	EO	EO	N/A	3/1	NAIC	В
	64	Risk-Based Capital .PDF Filing	EO	EO	N/A	3/1	NAIC	В
	65	Separate Accounts Electronic Filing	EO	EO	XXX	3/1	NAIC	В
	66	Separate Accounts .PDF Filing	EO	EO	XXX	3/1	NAIC	В
	67	Supplemental Electronic Filing	EO	EO	XXX	4/1	NAIC	В
	68	Supplemental .PDF Filing	EO	EO	XXX	4/1	NAIC	В
	69	Quarterly Statement Electronic Filing	EO	EO	XXX	5/15, 8/15, 11/15	NAIC	В
	70	Quarterly .PDF Filing	EO	EO	XXX	5/15, 8/15, 11/15	NAIC	В
	71	June .PDF Filing	EO	EO	XXX	6/1	NAIC	В
		IV. AUDIT/INTERNAL			l			
		CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	В
	82	Audited Financial Reports	EO	EO		6/1	Company	B, U
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A		Company	В
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	N/A	8/1	Company	В
	85	Independent CPA (change)	EO	N/A	N/A		Company	B, U
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	В
	87	Notification of Adverse Financial Condition	EO	N/A	N/A		Company	В
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	XXX	3/1	Company	В
	89	Relief from the one-year cooling off period for independent CPA	EO	ЕО	XXX	3/1	Company	В
	90	Relief from the Requirements for Audit Committees	EO	EO	XXX	3/1	Company	В
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A		Company	В
-	101	V. STATE REQUIRED FILINGS Corporate Governance Annual Disclosure***	ЕО	0	VV**	6/1	Componi	B, CC
-	101	Filings Checklist (with Column 1 completed)	0	0	XXX	U/ I	Company State	ь, сс
	102	Form B-Holding Company Registration Statement	EO	0	XXX	5/1	Company	B, X
	103	Form F-Enterprise Risk Report ****	EO	0	XXX	5/1	Company	В, Х
-	104	ORSA****	EO	0	XXX	Annually	Company	B, BB
	105	Premium Tax	EO	0	EO	3/1	State	В, А-Н
	107	State Filing Fees – Life Cos \$400, Fraternal Cos \$250	\$400	0	\$400	5/1	State	В, С
<b>-</b>	108	Signed Jurat	EO	0	XXX		NAIC	B, L
	109	Group Capital Calculation (File with lead state only)	EO	0	XXX	5/1	NAIC	2, 2
	110	Annual Statement Page 24, Direct Business Page for	EO	0		3/1		B, V
	111	NE Annual Statement Schedule T Page (Page 49-50)	EO	0	XXX	3/1	NAIC NAIC	B, V
	111	Comprehensive Health Insurance Pool	0	0	XXX	3/1	IVAIC	B, V B, AA
<b>-</b>	112	Fraud Contact Form	EO	0	XXX	3/1	State	W W
	113	Quarterly Premium Tax Return	EO	0	EO	4/15, 6/15, 9/15	State	B, D, F
	114	Zumeni i i remium i ax Ketum	EU	V	EO	T/10, U/10, 7/10	State	υ, υ, Γ

- \*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).
- \*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.
- \*\*\*For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public lead state report.htm">http://www.naic.org/public lead state report.htm</a>.
- \*\*\*\*For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>
- \*\*\*\*\*\*For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Annual Statement & Related Supplemental Filings Contact: Lindsay Crawford, Chief Financial Examiner (402) 471-4152 or Lindsay.Crawford@nebraska.gov Premium Tax Contact: Kristy Hadden, (402) 471-0373 or Kristy.
В	Submission Requirements & Mailing Address:	Hadden@nebraska.gov  Submission Requirements: All domestic statutory filings, exhibits and statements, unless otherwise indicated, must be filed through the Nebraska DOI secure electronic portal at https://secureftp.ne.gov/login. Contact Jillian Boston at jillian.boston@nebraska.gov for assistance.
		Overnight Mail: Use street address Nebraska Department of Insurance 1526 K Street, Suite 200 Lincoln, NE 68508  Postal Service Address: P.O. Box 95087
С	Mailing Address for Filing Fees:	Lincoln, NE 68509-5087  See Note D  See Premium Tax Return for additional fees.
D	Mailing Address for Premium Tax Payments:	OPTins is the <b>required</b> method for filing premium taxes. Instructions can be found at optins.org.
Е	Delivery Instructions:	All <b>domestic</b> filings must be received electronically by the Department no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:	Insurers who fail to pay any premium or retaliatory tax when due shall pay an interest rate of 3%. A forfeiture of \$100 per day will be imposed for any late filing of the Annual Statement, Supplemental Compensation Exhibit, and/or other supplemental filings. In addition, the Director may suspend or refuse to renew the company's certificate of authority until such filings have been received.
G	Original Signatures:	Electronic signatures or copies of signatures are acceptable, with the exception of notary signatures. (See Note H)
Н	Signature/Notarization/Certification:	Most corporate records (Articles of Incorporation and By-laws) identify the Executive Corporate Officers. In most cases, this consists of the President, Treasurer and Secretary. The corporate records give the authority to these Executive Officers to operate the company and will define their duties/functions/responsibilities/obligations as well. The Jurat Page should reflect these Executive Officers. Since the Executive Officers are given the authority under corporate records, they should sign the Jurat Page of the statement. The Annual Statement instructions require that if these Officers are incapacitated
		or not available due to a personal emergency, the company should then contact the Department of Insurance for direction as to who should sign the Jurat Page. RBC Jurat Page must contain the same signatures as found on the Annual Statement Jurat Page.

I	Amended Filings:	Insurers must file amended items within 10
		days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, the same should be followed for any amendment.
J	Exceptions from normal filings:	Extensions, (not to exceed thirty days) for financial filings may be granted for good and sufficient cause. See Neb.Rev.Stat. §44-322. Requests should be sent to: Justin Schrader, Chief Financial Examiner via email to Justin.Schrader@nebraska.gov
K	Bar Codes (State or NAIC):	NAIC bar codes must be placed on all filings. Please follow the instructions in the NAIC Annual Statement Instructions.
L	Signed Jurat:	See Note H
M	NONE Filings:	See NAIC Annual Statement Instructions
N	Filings new, discontinued or modified materially since last year:	N/A
0	Supplemental Compensation Exhibit	The Supplemental Compensation Exhibit is a mandatory filing for both foreign and domestic companies. See Neb.Rev.Stat. §44-322. See NAIC Annual Statement Instructions, which include the proper format. A template of the form is also available at doi.ne.gov. A separate electronic filing for each entity in <b>PDF format</b> sent to: DOI.CompExhibit@Nebraska.gov. The Company Name & NAIC number should be in the subject line.  **Note: When preparing a "NONE" filing, stating no salaries were paid, Part 1- questions 1-3 must be completed and "NONE" marked in Parts 2, 3, & 4. The Company Name and NAIC number is to be at the top of the exhibit.
P	Actuarial Certification Related Annuity Non-forfeiture Ongoing Compliance for Equity Indexed Annuities	Nebraska has not adopted Model Regulation 806 and does not require an actuarial certification regarding compliance of equity- indexed annuities.
Q	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	Provide opinion for each Funding Agreement.
R	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	NE Title 210, Chapter 80, Synthetic Guaranteed Investment Contracts. Nebraska does not require the opinion to be separate from the entire entity opinion.
S	Actuarial Opinion for Interest Indexed Universal Life:	See Chapter 40, Section 010.02 of the Nebraska Department Insurance Regulations.
Т	Actuarial Opinion Required by Modified Guaranteed Annuity Model Regulation	Nebraska has <b>not</b> adopted Model Regulation 255 and does <b>not</b> require an actuarial opinion regarding Modified Guaranteed Annuities.
U	Audited Financial Reports	82:\$005.06 requires the Annual Audited Financial Report to include a reconciliation if there are differences between the audited statutory financial statements and the annual statement filed pursuant to NEB.REV.STAT. \$44-322, "NE Title 210, Chapter 56." The Department will consider the filing incomplete if there are differences and a reconciliation and description are not included or is inadequate. The reconciliation and descriptions need to make "all" changes fully and clearly understandable as to why the change was made and by what amount "each" line item was changed. This requirement applies to changes to both current year and prior year amounts. In addition, the Department will expect correspondence from the Company disclosing whether they intend to amend the Annual Statement to agree with the audited changes. 85: Designation & awareness letter only applicable when first subject to the Rule or if

		006.03 requires notification within 5 days if independent CPA has been dismissed or
		resigns. A separate letter within 10 days should disclose any disagreements, followed by a response from the former independent CPA whether they agree. "NE Title 210, Chapter 56, Section ###".
		86: "Management's Report of Internal Control Over Financial Reporting" is required to be filed from insurers with annual direct written and assumed premiums ≥ \$500 million, excluding reinsured crop and flood. This requirement may be satisfied by filing a SEC Section 404 Report plus an addendum, as explained in Section 016.03. Insurers in any RBC level event or in a hazardous condition may also be required to file. See "NE Title 210,
V	Direct Business Page and Schedule T:	Chapter 56, Section ###".  Nebraska requires one copy of the Direct
		Business Page for NE, and one copy of Schedule T be submitted with the premium tax filing via electronic portal.
W	Fraud Contact Form:	The PDF form is located at https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/Fraud%20Contact%20Form4.pdf Email to DOI.FraudPrevention@nebraska.gov.
Y Z AA BB	Regulatory Asset Adequacy Issues Summary:  Supplemental XXX/AXXX Reinsurance Exhibit:  Comprehensive Health Insurance Pool:  Own Risk and Solvency Assessment (ORSA)	Form A: Send electronic copy in PDF format to Lindsay Crawford at Lindsay.Crawford@nebraska.gov. Forms B, C, D, & F: Submit via electronic portal in PDF format. *Note: Forms B, C & F are required annually on May 1st. Consistent with the Form B & C filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. See Form F Implementation Guide for Instructions. *Note: this filing is intended to be submitted to the lead state. For more information on lead states, see the following from the NAIC—URL: http://www.naic.org/public_lead_state_report.ht m  Dividend Notices: Submit via electronic portal in PDF format. Refer to VM-30 for RAAIS requirements. Submit electronic copy via electronic portal. See NAIC Annual Statement Instructions. This filing is no longer required. See ORSA Guidance Manual for instructions. The document is submitted to the lead state only of the group, not the NAIC or each domestic. Filing is due annually NFB REV STAT 8 44-9006 & 44-9007 For
		NEB.REV.STAT. § 44-9006 & 44-9007. For more information on lead states, see the following from the NAIC at http://www.naic.org/public_lead_state_report.ht m. Submit copy in PDF format via electronic portal.
CC	Corporate Governance Annual Disclosure	See Neb. Rev. Stat. 44-9101 to 44-9109 and NE Title 210, Chapter 88. The document is submitted to the lead state only of the group, not the NAIC or each domestic. For more information on lead states, see the following from the NAIC at http://www.naic.org/public_lead_state_report.ht m. Submit in PDF format via electronic portal.
DD	Life PBR Exemption (formerly Companywide Exemption)	Must have been submitted by 6/30/2022 for year-end 2022 reporting of 2022 issues. Must be submitted by 6/30/2023 for reporting of 2023 issues. See AS instructions regarding inclusion of exemption statement in 2nd quarter

		2023 filings. Please request exemption form from the Chief Actuary as NE has developed a special form for consistency that we prefer from each company requesting the exemption.
EE	Producer Controlled Annual Report	None
FF	Workers Compensation Assessments	None
GC	Actuarial Guideline 51	NAIC Guidance document for year-end 2021 must be addressed. Submit via Department electronic portal.
HF	PBR Actuarial Reports and Certifications	Please include all items required in VM-31. Submit via Department electronic portal.

# General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC

will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are

not required to file hard copy filings with the NAIC.

#### Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when submitting information to the state.

#### Column (2) Line #

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

#### Column (3) Required Filings

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The *March.PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The Risk-Based Capital.PDF Filing is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts.PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplement.PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly.PDF Filing* is the .pdf for quarterly statement data.

The *June.PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

## Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.** 

## Column (5) Due Date

Indicates the date on which the company must file the form.

#### Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

## Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.

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